

Commonwealth of Massachusetts.

No.

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . .	Jan 8 1897
2. Full Name of Child, .	James Doyle
3. Color, *	
4. Sex, (and if twin or illegitimate,) . . .	
5. Place of Birth, . . .	Southtown
6. Name of Father, . .	Petrato
7. Residence,	Southtown
8. Occupation,	Labourer
9. Birthplace,	Ireland
10. Name of Mother, . .	Ellen (Foley)
(Maiden Name,) . . .	
11. Residence,	Southtown
12. Birthplace,	Irish Ireland

Dated at Southtown May 12 1897

Signature of person making return. } James P. Doyle

* If other than White. (A.) African. (M) Mulatto. (I) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.

No.

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth,	Feb. 13. 1897
2. Full Name of Child,	
3. Color, *	
4. Sex, (and if twin or illegitimate,)	Male
5. Place of Birth,	Southboro
6. Name of Father,	James J. Burke
7. Residence,	Southboro
8. Occupation,	gardener
9. Birthplace,	Ireland
10. Name of Mother,	Mary E. Burke
(Maiden Name,)	Mary E. Roswell
11. Residence,	Southboro
12. Birthplace,	Southboro

Dated at Southboro, Feb 13 1897

Signature of person }
making return. } E. P. Jones M.D.

* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]


Plate. Ed. December, 1896.—5,000.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

25M-(c)-1-44-13634

1	PLACE OF BIRTH	Worcester (COUNTY)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(CITY OR TOWN MAKING THIS RETURN)
		Southborough (CITY OR TOWN)		DELAYED RETURN OF BIRTH		Registered No. _____ Deposition No. _____
NO.		Southville Road		STREET	WARD	(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME OF CHILD <u>Lena Helen O'Brien</u>						
3 Sex	F	4 If plural Births	(a) Twin, triplet or other _____	5 Born ALIVE or STILLBORN	6 Date of Birth	
3a Color	W	(b) Number, in order of birth _____		Alive	March 10, 1897	(MONTH) (DAY) (YEAR)
7 FATHER FULL NAME <u>James John O'Brien</u>				13 MOTHER MAIDEN NAME <u>Nora Neary</u> PRESENT NAME <u>O'Brien</u>		
8 RESIDENCE, NO. <u>Southville</u> (AT TIME BIRTH OCCURRED) CITY OR TOWN <u>Southborough</u> STATE <u>Mass.</u>				14 RESIDENCE, NO. <u>Southville</u> (AT TIME BIRTH OCCURRED) CITY OR TOWN <u>Southborough</u> STATE <u>Mass.</u>		
9 COLOR OR RACE <u>White</u>		10 AGE AT TIME OF BIRTH <u>37</u> (YEARS)		15 COLOR OR RACE <u>White</u>		16 AGE AT TIME OF BIRTH <u>33</u> (YEARS)
11 PLACE OF BIRTH <u>County Wexford</u> <u>Ireland</u> (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH <u>County Sligo</u> <u>Ireland</u> (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION <u>Laborer</u> (AT TIME OF BIRTH)				18 OCCUPATION <u>Housewife</u> (AT TIME OF BIRTH)		
19 Attendant at birth or informant <u>Dr. Butterfield</u> (If there was no physician or attendant, draw line through "attendant at birth or") Address No. _____ St. <u>Ashland, Mass.</u> (CITY OR TOWN)				(NAME) (PHYSICIAN, PARENT, OR OTHER) _____		
20 Affidavit filed and recorded and a copy of return and affidavit transmitted to the Secretary of the Commonwealth				<u>November</u> <u>1</u> , <u>1952</u> (MONTH) (DAY) (YEAR)		
21 Deponent Name <u>Nora Amriding</u>		City or town <u>Charlton City, Mass.</u>		22 The above record has been made in accordance with the provisions of General Laws, Chap. 46, Sec. 13. Attest: <u>John J. Raberini</u> (REGISTRAR) <u>Southborough</u> (CITY OR TOWN)		
Relation to child <u>Sister</u>						

SEE REVERSE SIDE FOR AFFIDAVIT

MARGIN RESERVED FOR BINDING

... An affidavit containing the facts required for record, if made by a person required by law to furnish the information for the original record, or, at the discretion of the town clerk, by credible persons having knowledge of the case . . . or a certified copy of the record of any other town or of a written statement made at the time by any person since deceased required by law to furnish evidence thereof, may, in the discretion of the clerk, be made the basis for the record of a birth . . . not previously recorded. . . Extract from Gen. Laws, Chap. 46, Sec. 13.

AFFIDAVIT

THE COMMONWEALTH OF MASSACHUSETTS }
COUNTY OF Worcester } ss.:

Nora Amriding

being duly sworn, deposes and says that she resides at

Charlton City, Mass.

that deponent has knowledge of the birth of Lena Helen O'Brien

named on the reverse side of this blank.

Further, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was First school record

(Deponents Signature),

Nora E. Amriding

Sworn to and subscribed before me,

this 15 day of October, 1952

John J. Palermo
(City or town clerk, assistant clerk, or registrar) -

NOTICE

Expense of affidavit should be borne by the individual making this return.

INSTRUCTIONS AS TO EXECUTION OF PAPERS TO RECORD DELAYED RETURNS OF BIRTH

1. A record is only as good as the evidence on which it is based.
2. A record made many years after the event occurred is of doubtful value.
3. A record cannot be made by the person whose birth is sought to be recorded.
4. A delayed return should be authenticated by a writing made at or near the time of birth by a person charged with making the return in the first instance, such as a Bible, or family record or a church record made within 40 days after birth, or if not available the first school record.
5. The affidavit should be made by the attending physician, father, mother, or if not available by some person old enough at the time to recall the event sought to be recorded, having actual knowledge of the facts as they existed at the time the event occurred.
6. The name on the return should be the same name that was given at the time.
7. The name of the person as written in the affidavit must correspond in every respect to that given in the birth return.
8. It should be borne in mind that parents have been required to report births ever since the registration law has been in effect.

CITY AND TOWN CLERKS SHOULD TRANSMIT A COPY OF THIS RETURN TO THE SECRETARY OF THE COMMONWEALTH AT ONCE

BERLIN - NORTHBOROUGH - SOUTHBOROUGH

Massachusetts

ROGER K. POOLE
SUPERINTENDENT OF SCHOOLS

October 27, 1952

TO WHOM IT MAY CONCERN

This is to certify that the following information has been taken from the school registers of the Town of Southborough:

Name of School - Cordaville Primary School
Date of beginning of School Year - September 8, 1903
Date of the close of School Year - June 10, 1904
Name of Teacher - Marian G. Milne, September 8 to October 3
Katherine P. Reddy October 5 to June 10

Name of pupil - Lena Helen O'Brien
Date of Enrolment - April 25, 1904
Date of Birth - March 10, 1897
Age at time of Enrolment - 7 yrs, 2 mos.
Residence - Cordaville

Signed

Roger K. Poole
Roger K. Poole
Superintendent of Schools

See deposition
#2

Commonwealth of Massachusetts.

No. _____

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . .	apr 13, 1897
2. Full Name of Child, .	
3. Color, *	
4. Sex, (and if twin or illegitimate,) . . .	Male
5. Place of Birth, . . .	Southboro
6. Name of Father, . .	Charles Johnson
7. Residence,	Southboro
8. Occupation, . . .	Farmer
9. Birthplace,	Southboro
10. Name of Mother, . .	Alice Rice
(Maiden Name,) . . .	
11. Residence,	Southboro
12. Birthplace,	Hopkinton

Dated at Southboro apr 14 1897

Signature of person }
making return. } B. P. Jones MD

* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.

pd

Commonwealth of Massachusetts.

No. _____

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth,	Apr 15, 1897
2. Full Name of Child, .	
3. Color, *	
4. Sex, (and if twin or illegitimate,)	Female
5. Place of Birth,	Southboro
6. Name of Father,	Michael McEvoy
7. Residence,	Southboro
8. Occupation,	Policeman
9. Birthplace,	Ireland
10. Name of Mother,	Annie McEvoy
(Maiden Name,)	" Sullivan
11. Residence,	Southboro
12. Birthplace,	Northboro, Mass

Dated at Southboro Apr 16 1897

Signature of person making return. } S. P. Jones M.D.

* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.

See Dep. #3

Commonwealth of Massachusetts.

UNITED STATES OF AMERICA

Certificate of Birth

FROM THE RECORDS OF BIRTHS IN THE TOWN OF Southborough.
MASSACHUSETTS, U. S. A.

1. Date of Birth - - - -	<u>April 28 - 1897</u>
2. Full Name of Child - -	<u>Delina Berry</u>
3. Sex, Color and if Twin	<u>Female - White</u>
4. Place of Birth - - - -	<u>Southborough</u>
5. Residence of Parents -	<u>Southborough</u>
6. Name of Father - - - -	<u>Jake</u>
7. Occupation of Father -	<u>Teamster</u>
8. Birthplace of Father -	<u>Italy</u>
9. Maiden Name of Mother	<u>Emmalinda Ferrari</u>
10. Birthplace of Mother -	<u>Italy</u>

I, Charles E. Fairbanks depose and say
that I hold the office of Town Clerk of the Town of Southborough
County of Worcester and Commonwealth of Massachusetts; that the
records of Births, Marriages and Deaths required by law to be kept in said Town are in my custody, and
that the above is a true extract from the records of Births in said Town, as certified by me.

WITNESS my hand and the seal of said Town, on the eleventh
day of October 1930

Char. E. Fairbanks
Town Clerk.



✓
Commonwealth of Massachusetts.

No.

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . .	May 9, 1897
2. Full Name of Child, .	Joseph Cummings
3. Color, *	
4. Sex, (and if twin or illegitimate,) . . .	Male
5. Place of Birth, . . .	
6. Name of Father, . .	John Cummings
7. Residence,	Mayville
8. Occupation,	Laborer
9. Birthplace,	Ireland
10. Name of Mother, . .	Mannah Sheehan
(Maiden Name,) . . .	
11. Residence,	Mayville
12. Birthplace,	Ireland

Dated at Southboro Mass 18 97

Signature of person making return. } B P Jones M D

* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.

Paul in State Jan 5 1898,
Commonwealth of Massachusetts

Date of Birth, *May 14* 1897.

Sex, *Female*

Color (if other than white),

Name (if named), *Eva*

Place of Birth, No. *Hayville* Street

Name of Father, *Lewis Nichol*

Name of Mother, *Marcella* "

Maiden Name of Mother, *Marcella Cardam*

Residence of Parents, No. *Hayville* Street

Occupation of Father, *Iron Laborer*

Birthplace of Father, *Italy*

Birthplace of Mother, "

(Signature),

L. O. Baldwin

11 Union Cers. St. Framingham Physician.

(Copyright 1890, by H. M. Meek, Salem, Mass.)

Commonwealth of Massachusetts.

No.

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . .	May 17, 1897
2. Full Name of Child, .	
3. Color, *	
4. Sex, (and if twin or illegitimate,) . . .	Male
5. Place of Birth, . . .	Southboro
6. Name of Father, . .	James Russell
7. Residence,	Southboro
8. Occupation,	Laborer
9. Birthplace,	Italy
10. Name of Mother, . .	Juditha Russell
(Maiden Name,) . .	
11. Residence,	Southboro
12. Birthplace,	Italy

Dated at Southboro May 18 1897

Signature of person }
making return. } C. P. Russell

* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.

Commonwealth of Massachusetts.

No.

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . .

May 19, 1897

2. Full Name of Child, .

Robert Gregor Krummholz

3. Color, *

4. Sex, (and if twin or illegitimate,)

Male

5. Place of Birth, . . .

Southboro

6. Name of Father, . .

Robert Allen Krummholz

7. Residence,

Southboro

8. Occupation, . . .

Master

9. Birthplace,

Scotland

10. Name of Mother, . .

(Maiden Name,) . .

Winnie M. Romanowski

11. Residence,

Southboro

12. Birthplace,

Conn.

Dated at

Southboro May 20

1897

Signature of person }
making return. }

L. J. [Signature] M. B. [Signature]

* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.

Commonwealth of Massachusetts.

No.

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . .	May 22, 1897
2. Full Name of Child, .	Joseph Padoni
3. Color, *	
4. Sex, (and if twin or illegitimate,) . . .	Male
5. Place of Birth, . . .	Bathbore
6. Name of Father, . .	Joseph P. Jones
7. Residence,	Bathbore
8. Occupation,	Labourer
9. Birthplace,	Italy
10. Name of Mother, . .	Moruzzi Dominica
(Maiden Name,) . . .	
11. Residence,	Bathbore
12. Birthplace,	Italy

Dated at Bathbore, May 22 1897

Signature of person } B.P. Jones M.D.
making return. }

* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.

Commonwealth of Massachusetts.

No.

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . .	June 1, 1897
2. Full Name of Child, .	
3. Color, *	
4. Sex, (and if twin or illegitimate,) . . .	Male
5. Place of Birth, . . .	Southboro
6. Name of Father, . .	James Bradley
7. Residence,	Southboro
8. Occupation,	Laborer
9. Birthplace,	Ireland
10. Name of Mother, . .	Mary Joyce
(Maiden Name,) . . .	
11. Residence,	Southboro
12. Birthplace,	Ireland

Dated at Southboro June 1 1897

Signature of person } L. P. Jones M.D.
making return. }

* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.

(See Dep. #5)

Commonwealth of Massachusetts.

No. _____

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth,	June 3, 1897
2. Full Name of Child, .	
3. Color, *	
4. Sex, (and if twin or illegitimate,) .	Female
5. Place of Birth,	Southboro
6. Name of Father, . .	Patrick Bradley
7. Residence,	Southboro
8. Occupation,	Labourer
9. Birthplace,	Ireland
10. Name of Mother, . .	Ellen Collier
(Maiden Name,) . .	
11. Residence,	Southboro
12. Birthplace,	Ireland

Dated at Southboro June 3 1897

Signature of person making return. } 30 July 1897

* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.

22 17/198
Commonwealth of Massachusetts.

Date of Birth,

June 14th

1897

Sex,

Male

Color (if other than white),

Name (if named),

Charles Curtis Lowell

Place of Birth, No.

Jayville

Street

Name of Father,

Hiram Austin Lowell

Name of Mother,

Mary Emma Lowell

Maiden Name of Mother,

Mary Emma Claflin

Residence of Parents, No.

Jayville

Street

Occupation of Father,

Wagoner

Birthplace of Father,

Jayville

Birthplace of Mother,

Southville

(Signature),

Curtis & Bigelow

Physician.

Commonwealth of Massachusetts.

No. _____

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth,	June 23, 1897
2. Full Name of Child,	X X
3. Color, *	
4. Sex, (and if twin or illegitimate,)	Female - Still born
5. Place of Birth,	Southboro
6. Name of Father,	Patrick McGrain
7. Residence,	Southboro
8. Occupation,	Foreman
9. Birthplace,	Vermont
10. Name of Mother,	Kate McElroy
(Maiden Name,)	
11. Residence,	Southboro
12. Birthplace,	Ireland

Dated at Southboro June 23 1897
 Signature of person making return. } O P Jones 1897

* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. - 5,000.

No.

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . .	<i>Aug 17. 1897</i>
2. Full Name of Child, .	
3. Color, *	
4. Sex, (and if twin or illegitimate,) . . .	<i>Female</i>
5. Place of Birth, . . .	<i>Southboro</i>
6. Name of Father, . .	<i>Bianca White</i>
7. Residence,	<i>Southboro</i>
8. Occupation, . . .	<i>Laborer</i>
9. Birthplace,	<i>Italy</i>
10. Name of Mother, . .	<i>Adeline H - -</i>
(Maiden Name,) . . .	
11. Residence,	<i>Southboro</i>
12. Birthplace,	<i>Italy</i>

Dated at *Southboro Mass. Aug 23. 1897*

Signature of person }
making return. }

E. J. Reed M.D.

* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.

No.

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . .	Aug 18. 1897
2. Full Name of Child, .	
3. Color, *	
4. Sex, (and if twin or illegitimate,) . . .	Male
5. Place of Birth, . . .	Southboro
6. Name of Father, . .	Appleton Newton
7. Residence,	Southboro
8. Occupation,	Farmer
9. Birthplace,	Southboro
10. Name of Mother, . .	Minnie Sommerman
(Maiden Name,) . . .	
11. Residence,	Southboro
12. Birthplace,	

Dated at Southboro, Mass Aug 23 1897
 Signature of person } EO Jones MO
 making return. }

* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.

No. _____

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . .	Aug 18, 1897
2. Full Name of Child, .	
3. Color, *	
4. Sex, (and if twin or illegitimate,) . . .	Female
5. Place of Birth, . . .	Southboro
6. Name of Father, . .	Tommy Newell
7. Residence,	Southboro
8. Occupation,	Labourer
9. Birthplace,	Italy
10. Name of Mother, . .	Sophie Ivis
(Maiden Name,) . . .	
11. Residence,	Southboro
12. Birthplace,	Arabia

Dated at Southboro, Mass Aug 23 1897
 Signature of person making return. } B. Jones MD

* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.

Commonwealth of Massachusetts.

No.

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . .	Aug 22. 1897
2. Full Name of Child, .	
3. Color, *	
4. Sex, (and if twin or illegitimate,) . . .	Female
5. Place of Birth, . . .	Southboro
6. Name of Father, . .	Maria
7. Residence,	Southboro
8. Occupation,	Minister
9. Birthplace,	
10. Name of Mother, . .	Adams
(Maiden Name,) . . .	
11. Residence,	
12. Birthplace,	

Dated at Southboro Aug 23 1897

Signature of person } C. P. Jones M. R.
making return.

* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.

✓
Commonwealth of Massachusetts.

No. _____

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . .	Aug 27, 1897
2. Full Name of Child, .	
3. Color, *	
4. Sex, (and if twin or illegitimate,) . . .	Female
5. Place of Birth, . . .	Southboro
6. Name of Father, . .	Daniel Baughn
7. Residence,	Southboro
8. Occupation, . . .	Laborer
9. Birthplace,	Ireland
10. Name of Mother, . .	Lizzie Harmon
(Maiden Name,) . . .	
11. Residence,	Southboro
12. Birthplace,	England

Dated at Southboro Sept 2 1897

Signature of person } B. D. Jones
making return. }

* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.

No. _____

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth,	Oct. 2/97
2. Full Name of Child, .	Lawrence Daniel
3. Color, *	
4. Sex, (and if twin or illegitimate,)	
5. Place of Birth,	Southboro
6. Name of Father, . . .	Lawrence Turner
7. Residence,	Southboro
8. Occupation,	Farmer
9. Birthplace,	Ireland
10. Name of Mother, . .	Ann (Moran)
(Maiden Name,) . . .	
11. Residence,	Southboro
12. Birthplace,	Ireland

Dated at _____ 1079 1897

Signature of person }
making return. }

* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.



Commonwealth of Massachusetts.

No. 1

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth,	Oct-3 ^d 1897
2. Full Name of Child, .	Frank Galvin
3. Color, *	White -
4. Sex, (and if twin or illegitimate,)	Male
5. Place of Birth,	Southboro'
6. Name of Father, . . .	Thomas H. Galvin
7. Residence,	Southboro'
8. Occupation,	Spinner
9. Birthplace,	Southboro'
10. Name of Mother, . .	Bridget Lena
(Maiden Name,) . . .	Maloney
11. Residence,	Southboro'
12. Birthplace,	Hopkinton

Dated at _____ 18

Signature of person }
making return. }

* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.

Commonwealth of Massachusetts.

No.

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth,	Oct. 6, 1897
2. Full Name of Child, .	- - -
3. Color, *	
4. Sex, (and if twin or illegitimate,)	Female - Still born
5. Place of Birth,	Southboro
6. Name of Father,	Rudolph Gross
7. Residence,	Southboro
8. Occupation,	Laborer
9. Birthplace,	Germany
10. Name of Mother, (Maiden Name,)	Risa Seiler
11. Residence,	Southboro
12. Birthplace,	Germany

Dated at Southboro, Oct. 6, 1897

Signature of person } C. P. Jones MD
making return.

* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

Commonwealth of Massachusetts.

No.

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . .	Nov 2. 1897
2. Full Name of Child, .	
3. Color, *	
4. Sex, (and if twin or illegitimate,) . . .	Male
5. Place of Birth, . . .	Southboro
6. Name of Father, . .	Living Master
7. Residence,	Southboro
8. Occupation, . . .	Farmer
9. Birthplace,	Mass
10. Name of Mother, . .	
(Maiden Name,) . .	Wells Emily
11. Residence,	Southboro
12. Birthplace,	

Dated at Southboro, Mass Nov 10 1897

Signature of person }
making return. }

C. W. Jones MD

* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.

Commonwealth of Massachusetts.

11/1/98
Date of Birth, November 12th 1897.

Sex, Female

Color (if other than white),

Name (if named), Margaret Barber

Place of Birth, No. Street

Name of Father, William Wyatt Barber

Name of Mother, Florence Harmon

Maiden Name of Mother, Florence Harmon

Residence of Parents, No. Southmo Street

Occupation of Father, Teacher

Birthplace of Father, Maryland

Birthplace of Mother, Delaware

(Signature),

Eusebio Bigelino

Physician.

L. Sawyer

..#6)

Commonwealth of Massachusetts.

No.

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . .	<i>Nov. 12th 1897.</i>
2. Full Name of Child, .	<i>Margaret Barber</i>
3. Color, *	
4. Sex, (and if twin or illegitimate,) . . .	<i>girl</i>
5. Place of Birth, . . .	<i>Southboro - Mass.</i>
6. Name of Father, . .	<i>William Wyatt Barber</i>
7. Residence,	<i>Southboro - Mass.</i>
8. Occupation, . . .	<i>Teacher</i>
9. Birthplace,	<i>Maryland Cambridge</i>
10. Name of Mother, . .	<i>Florence H. Barber</i>
(Maiden Name,) . . .	<i>Florence Stewart Harmon</i>
11. Residence,	<i>Southboro - Mass.</i>
12. Birthplace,	<i>Delaware Camden</i>

Dated at *Southboro Mass. Jan. 1st 1898*
Signature of person } *Florence H. Barber*
making return. }

* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.



Commonwealth of Massachusetts.

No.

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . .	Nov. 16. 1897
2. Full Name of Child, .	Etherine Frances Pendegast
3. Color, *	
4. Sex, (and if twin or illegitimate,) . . .	Female
5. Place of Birth, . . .	Southboro
6. Name of Father, . .	Wm. Pendegast
7. Residence,	Southboro
8. Occupation,	Carpenter
9. Birthplace,	Newfoundland
10. Name of Mother, . .	
(Maiden Name,) . .	Etherine Mackey
11. Residence,	Southboro
12. Birthplace,	Newfoundland

Dated at Southboro Nov. 20 1897

Signature of person making return. } C. P. Jones M.D.

* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.

Commonwealth of Massachusetts.

Date of Birth, *Dec. 1, 8th* 189 *7*

Sex, *Male*

Color (if other than white),

Name (if named), *John Romalli*

Place of Birth, No. *Jayville* Street

Name of Father, *Julius Romalli*

Name of Mother, *Macini Romalli*

Maiden Name of Mother, *Macini Celesta*

Residence of Parents, No. *Jayville* Street

Occupation of Father, *Street Hand*

Birthplace of Father, *Italy*

Birthplace of Mother, *"*

(Signature), *Wm B. Bigelow*
Physician.

Commonwealth of Massachusetts.

No. _____

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth,	Dec 20, 1897
2. Full Name of Child,	Mary Louise
3. Color, *	White
4. Sex, (and if twin or illegitimate,)	Female
5. Place of Birth,	Southbr
6. Name of Father,	Leon Lancer
7. Residence,	
8. Occupation,	
9. Birthplace,	Canada
10. Name of Mother, (Maiden Name,)	Mary Thibault
11. Residence,	
12. Birthplace,	Miss

Dated at _____ 18

Signature of person }
making return. }

* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896.—5,000.